

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

168571  
2

92037276

AFFIDAVIT AS TO  
TENANCY BY ENTIRETIES

Konnoth M. Mish, being first duly sworn upon oath,  
deposes and says:

That he is an adult and the son of Stanley L. Mish\*, who  
died on September 12, 1991 in Hammond, Indiana.

\*A.K.A. Stanley Louis Mish

That he has personal knowledge that the decedent and  
his wife, Stella Mish, were owners by the entireties of the  
following described real estate, to wit:

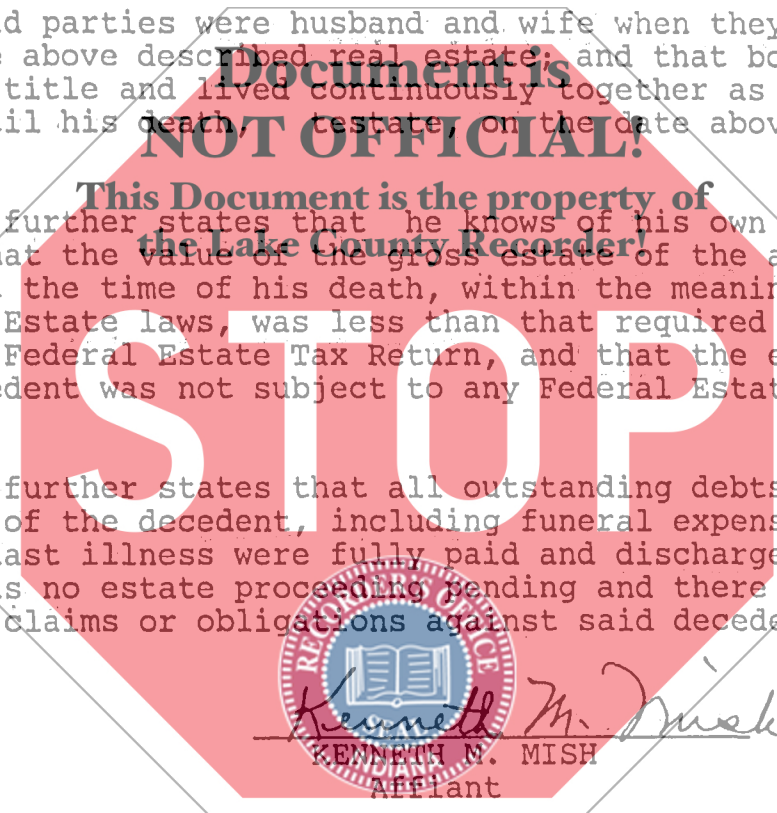
Lot 26, Block 9, in Park Addition to Indiana  
Harbor, as per plat thereof, recorded in Plat  
Book 5, page 32, in the Office of the Recorder  
of Lake County, Indiana

# 30-485-18

That said parties were husband and wife when they took  
title to the above described real estate; and that both  
remained in title and lived continuously together as husband  
and wife until his death, testate, on the date above  
given.

Affiant further states that he knows of his own  
knowledge that the value of the gross estate of the above  
decedent, at the time of his death, within the meaning of  
the Federal Estate laws, was less than that required for the  
filing of a Federal Estate Tax Return, and that the estate  
of said decedent was not subject to any Federal Estate  
taxes.

Affiant further states that all outstanding debts and  
obligations of the decedent, including funeral expenses and  
expense of last illness were fully paid and discharged and  
that there is no estate proceeding pending and there are no  
outstanding claims or obligations against said decedent.



*Kenneth M. Mish*  
KENNETH M. MISH  
Affiant

Subscribed and sworn to before me, a Notary Public  
residing in Lake County, Indiana, on this 29th day of  
May, 1992.

*Linda J. McBride*  
Linda J. McBride  
Notary Public

My Commission Expires: 1-26-95  
My County of Residence: Lake

**FILED**

This Instrument Prepared By:

JUN 8 1992

JOHN F. HILBRICH  
HILBRICH, CUNNINGHAM & SCHWERD  
2637 - 45th Street  
Highland, IN 46322  
Phone: (219) 924-2427

*Anna N. Arton*  
ALTON LAKE COUNTY

TICOR TITLE INSURANCE  
H.O.  
Crown Point, Indiana

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
JUN 10 9 04 AM '92  
ROBERT  
STAND

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INDIANA STATE BOARD OF HEALTH  
CERTIFICATE OF DEATH

THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 740

Sept. 17, 1991  
Date Issued  
Franklin D. Remuda, M.D.  
Hammond Health Commissioner

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

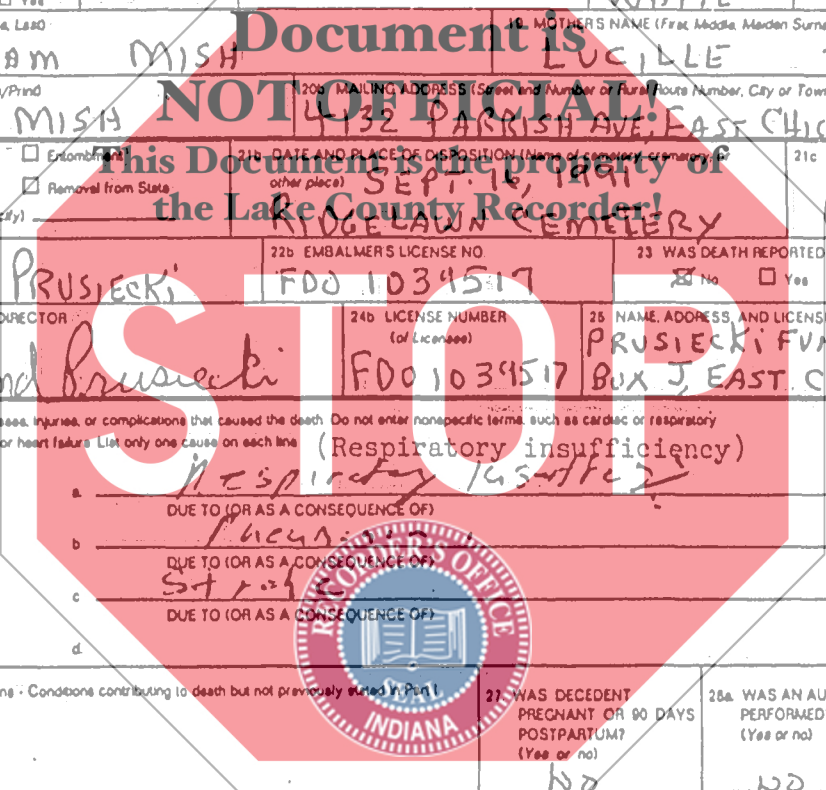
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER  
USE ONLY

1 DECEASED—NAME (First, Middle, Last) Stanley L. Mish		2 SEX Male	3a TIME OF DEATH 12:08 PM	3b DATE OF DEATH (Month, Day, Year) September 12, 1991
4 SOCIAL SECURITY NUMBER 306-03-4993	5a AGE—Last Birthday (Years) 80	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Year) JAN. 20, 1911
7 BIRTHPLACE (City and State or Foreign Country) BENTON, ILLINOIS	8a WAS DECEDENT A U.S. VETERAN? YES	8b YEAR LAST SERVED IN U.S. ARMED FORCES? WORLD WART	8c PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9a FACILITY NAME (If not institution, give street and number) ST. MARGARET HOSPITAL		9c CITY, TOWN, OR LOCATION OF DEATH HAMMOND	9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) STELLA GARGAS	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) TAVERN OWNER	12b KIND OF BUSINESS/INDUSTRY SELF, - TAVERN	
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN, OR LOCATION EAST CHICAGO	13d STREET AND NUMBER 4132 PARRISH AVE.	
13e ZIP CODE 46312	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) WHITE
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) N/A College (1-4 or 5+) N/A		18 FATHER'S NAME (First, Middle, Maiden Surname) WILLIAM MISH		
19 MOTHER'S NAME (First, Middle, Maiden Surname) LUCILLE - NA		20a INFORMANT'S NAME (Type/Print) STELLA MISH		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4132 PARRISH AVE, EAST CHICAGO, IN 46312		20c Relationship WIFE		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) SEPT. 16, 1991 RIDGE LAWN CEMETERY		21c LOCATION—City or Town, State GARY, IND.	
22a EMBALMER'S NAME RAYMOND PRUSIECKI	22b EMBALMER'S LICENSE NO. FDD 1039517	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR Raymond Prusiecki	24b LICENSE NUMBER (of Licensee) FDD 1039517	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PRUSIECKI FUNERAL FPH 30015A BOX J, EAST CHICAGO, IN. 46312		
26 PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (Respiratory insufficiency)		Approximate Interval Between Onset and Death		
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Respiratory insufficiency DUE TO (OR AS A CONSEQUENCE OF)		9c		
b. Pneumonia DUE TO (OR AS A CONSEQUENCE OF)		10c		
c. Stroke DUE TO (OR AS A CONSEQUENCE OF)		11c		
d. _____ DUE TO (OR AS A CONSEQUENCE OF)		12c		
PART II. Other significant conditions: Conditions contributing to death but not previously stated in Part I.		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		
		28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.	29b SIGNATURE AND TITLE OF CERTIFIER [Signature]		29c MEDICAL LICENSE NO. 27640	29d DATE SIGNED (Month, Day, Year) September 16, 1991
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26) (Type/Print) L. Bernstein, M.D. 5500 Hohman Avenue, Hammond, Indiana 46320				
31. HEALTH OFFICER'S SIGNATURE Franklin D. Remuda, M.D.			32. DATE FILED (Month, Day, Year) September 17, 1991	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED Copy!
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. Copy.			



168571

Lot 26 Block 9 Plat Book 5 Page 32

TICOR TITLE INSURANCE